

A & I Care Home Ltd

The Meadows Residential Care Home

Inspection report

288 Oldfield Lane North
Greenford
Middlesex
UB6 8PS

Tel: 02085753320

Website: www.themeadowscare-home.co.uk

Date of inspection visit:

10 September 2019

11 September 2019

Date of publication:

22 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Meadows Residential Care Home is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people over three floors. It is owned by a family run limited company.

People's experience of using this service and what we found

During the inspection we found there were systems in place to identify and manage risks but these were not always effective as risk assessments and risk management plans were not in place for people going into the community, people who had specific conditions such as Parkinson's disease or a behaviour that challenged the service. We also found some areas of the environment that were not that safe. For example, a locked cupboard had the key in it meaning anyone could access medicated creams in the cupboard.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and did not always identify areas where improvements were needed or identify risks to people's safety and wellbeing.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff followed appropriate infection control practices to help prevent cross infection.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their job effectively and safely. People's needs were assessed to ensure these could be met. People were supported to maintain health and access healthcare services appropriately. People were also supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and provided support in a respectful manner. People were involved in making decisions about their day to day care. Staff respected people's dignity and promoted their independence.

Families were welcomed to the service. People had the opportunity to engage in activities in the home. There was a complaints procedure in place and people felt able to raise complaints with the registered manager.

People, relatives and staff reported the registered manager was approachable and promoted an open work environment.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 October 2018) and there were

multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of two regulations identified at the June 2018 inspection. This is the second time that the service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We spoke about the above concerns with the registered manager who agreed to take action to resolve these issues.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Meadows Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Meadows Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the last inspection report and notifications received from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the providers, registered manager, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. A healthcare professional and three relatives emailed us feedback and a further five relatives spoke with us about their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection on 21 June 2018, we found the provider did not always have robust risk assessments for risks related to falls, skin damage and pressure ulcers, malnutrition and moving and handling. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. However not all risks had been identified and risk management plans had not been developed. This included a lack of risk assessments and risk management plans for people going into the community, people with specific medical conditions such as Parkinson's disease or a behaviour that challenged the service.
- One person's care records stated they required pureed food and thickened fluids. The person had been assessed by a healthcare professional as being at risk of choking and having difficulties with swallowing. The person was receiving pureed food, however, their risk assessments for choking and nutrition had not identified the risk of choking and swallowing because the provider based the risk assessment on the person having pureed food instead of a non-pureed food diet.
- Personal emergency evacuation plans (PEEPs) did not provide clear guidelines for how each person should be evacuated and what assistance was required to ensure people could evacuate safely in an emergency.
- The environment was not always safe. Areas of concern included, the ground floor fire exit which was not kept as a clear escape route, on the first floor medicated creams were in a drawer in a hallway cupboard with a key in it so someone could open the cupboard and have access to the medicated creams. On the top floor the toilet was not clean and it was missing the door handle. This meant if someone tried to use the toilet, they would lack privacy.

The above shows existing risks were not always identified so these could be mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the 21 June 2018 inspection, we found the provider did not have window restrictors on some windows and other windows had restrictors that could be easily disabled. At this inspection we found all windows had functioning window restrictors.
- The provider had improved their risk management plans to reduce the risk of avoidable harm for risks related to falls, skin damage and pressure ulcers, malnutrition and moving and handling. Risk assessments and management plans were reviewed monthly and up dated as required.
- The provider had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments and fire risk assessments. Maintenance and cleaning checks were up to date.

Using medicines safely

- Medicines were not always managed safely. PRN (as required medicines) protocols were general and not person centred. One person who was using oxygen as required did not have a PRN protocol to provide staff with guidelines around the use of oxygen to ensure staff knew how to administer it safely.
- Another person's medicines risk assessment recorded they were self-administering medicines when staff were administering medicines to them. As the records were not clear about who was supposed to be administering medicines, the person was not protected from the risks associated with medicines.
- One person who received crushed medicines had a letter from the pharmacist confirming their medicines should be crushed but it was not dated and did not identify who had signed it. Therefore it was not clear if the most up to date guidance was being used to manage the person's medicines.

This was also a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed.
- Staff completed medicines training yearly. The provider tested staff competency to ensure they had the skills required to administer medicines safely.

Learning lessons when things go wrong

- The provider recorded incidents and accidents. However, the lessons learned in incidents and accidents were generalised and focussed on the provider and staff rather than being personalised and focusing on the person. For example, where one person had an unwitnessed fall the actions were not how to reduce the risks for the person but that staff called 111 instead of 999 as the person said they had hit their head. Therefore, the actions were not person focused on how to mitigate future risk specifically to that person but general to the home.
- Similarly, for safeguarding incidents the focus was on the provider and staff's actions. It was not always clear from the outcomes that the risk assessments and care plans had been updated to reflect the incident or that actions were put in place to mitigate future incidents. For example, one person had three falls, two in June and one in August 2019. The incident form indicated their sandals and zimmer frame should be put near to their bed, but their mobility care plan had not been updated to reflect the new actions. This meant staff reading the care plans would not have had the necessary information to help protect the person from further risk of falls.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

During the 21 June 2018 inspection, we found there were gaps in employment and references that had not been fully explored and recorded by the provider. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider followed safe recruitment practices.
- New staff members undertook an induction, so they knew how to work safely and effectively at the service.
- We observed there were enough staff on duty to support people's needs safely. There were always staff available in each communal room. People said, "If you press the buzzer, they come" and "They come quickly". A relative confirmed, "They do have enough staff."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People using the service and their relatives told us they felt safe. Comments included, "No reason not to [feel safe]", "They keep me safe", "It's very secure" and "I am extremely happy knowing she is safe."
- The provider had policies and procedures in place regarding safeguarding and staff were familiar with these. Staff had appropriate training and knew how to raise any safeguarding concerns.
- The registered manager had raised safeguarding concerns appropriately with the local authority and CQC. Where they were responsible for the investigation of the safeguarding alerts, they had appropriately recorded their investigations, the outcomes and the lessons learned to try to prevent the situation repeating itself.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. Staff were provided with protective equipment such as gloves and aprons to protect people from the risk of infection and cross contamination. We saw checks were completed weekly to ensure a clean and safe environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the 21 June 2018 inspection, we found mental capacity assessments were not always decision specific and there was not always evidence that a best interests decision had been carried out where required. Additionally, in some cases, relatives had signed consent forms when they did not have the legal authority to do so. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The principles of the MCA were being followed.
- Staff understood the need for people to consent to their care and told us, "We assume they all have capacity. There is legal framework and decisions are made in their best interests. We try to use minimal restrictions."
- We observed people had the opportunity for choice and control in their day to day lives though being asked what they would like to do, where they would like to sit and what they would like to drink.
- The registered manager had applied for DoLS in an appropriate manner so people's freedom was not

restricted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider and formed the basis of the care plan. One relative said, "When [person] moved in they asked questions about how [they] walk and what [they] like and dislike."
- Protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's sexuality, cultural and religious needs.
- People were provided with information about the service in the service user guide, so they knew what to expect from the service and how to make a complaint if they had a concern.

Staff support: induction, training, skills and experience

- Staff were supported to provide effective care through induction, training, supervision and team meetings.
- A relative noted, "The staff are all very well trained." New staff completed training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. Other staff had completed national vocational qualifications to improve their skills in addition to training the provider considered mandatory.
- A healthcare professional said, "I have delivered training on site on several occasions, and the staff have always impressed me..."
- Staff said they felt supported by the manager and could approach them whenever they needed support. One care worker told us, "Supervision is every three months but if I have any concerns I can go to the office every day. They are happy if we ask, so we can do things properly."
- The provider held team meetings for staff which provided an opportunity for staff to reflect on their practice and raise any issues.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain a balanced diet.
- People enjoyed mealtimes and told us, "They are good meals", "Food is alright", "No complaints. Very good", "I get a choice" and "Good old English food."
- During the inspection, we were shown that people had made a choice in the morning as to what they wanted for meals later in the day and this could be substituted if they wanted something else at the time of their meal.
- People had nutritional risk assessments in their care records that provided guidelines on how to meet their nutritional and dietary needs. Where required, people's weight and dietary intake were monitored so that any changes or concerns could be responded to appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with a number of other professionals to achieve positive outcomes for people using the service.
 - We saw evidence in people's records of staff working together through input from other professionals including the pharmacist, referrals to district nurses, speech and language team (SALT) referrals and the GP.
- Adapting service, design, decoration to meet people's needs
- The building and equipment were suitable to meet people's needs. One person said, "It's a comfortable home in every way."
 - Since the last inspection, the provider had refurbished and redecorated communal areas throughout the home to improve the quality of the premises for people.
 - Signage was user friendly and, for example, all communal toilets were painted the same colour as an indicator to people about what was behind the door.
 - Bedrooms were personalised to people's individual tastes so people had familiar things around them.

- There were enough communal spaces for people to use. There was a large lounge and a smaller conservatory for people to use. The home also had a garden which we saw people making use of.

Supporting people to live healthier lives, access healthcare services and support

- People using the service were supported to have appropriate access to health care services. People had care plans for supporting them with their individual health needs. Plans were reviewed and updated as required.
- People said they were supported to access healthcare. Comments included, "If I'm ill, they take me [to the GP]", "If the need arises [they provide healthcare support]" and "They do a good job of [providing healthcare support]." A relative said, "Any queries they answer, and they always let me know about hospital and doctor appointments. [Person] is always ready to go to any appointments and is clean and happy. I give it 101 out of a 100."
- A healthcare professional told us, "The provider is very proactive with the primary care meetings held monthly at the [local] practice and together with the GPs, we always address and solve issues over medication and the cycle for reordering."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff knew them well and their needs. Comments included, "The staff are very good" and "They are getting to know me." They also said staff were caring, confirming, "I'm very happy" and "The best home in London West." A relative said, "The change in [person] is extraordinary. [Person] is happy, their nails painted, their hair is washed and [person] is showering now which they wouldn't before", "I found the staff very caring no matter what people's needs are. Staff are so patient with [relative]. They speak with them very respectfully" and "They think of the residents like family. I wouldn't want my [relative] anywhere else."
- The provider supported people with their faith and spiritual needs. A Catholic priest held mass monthly, a eucharistic minister visited weekly and the provider supported some people to church on Sunday. A Church of England minister also visited the home.
- One person wore clothing associated with their religion, and had certain rituals to perform prior to prayers and required staff support with some aspects of their prayer. Staff were aware of this person's religious needs and were respectful of them.
- People had culturally diverse food options. As part of their religious preferences some people only ate fish on Friday and this was accommodated.
- The activity co-ordinator used an electronic tablet to highlight cultural events and provide information on them. Examples included saints' days and the London Pride parade. We heard culturally specific music being played during the inspection and were told a school theatre group and choir came to the home and performed culturally diverse songs.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives if appropriate, were involved in planning their care.
- Comments from relatives included, "We recently did the care plan and we do it every year. Everything is there in black-and-white for me to read and ask questions."
- Staff supported people to make day to day decisions and we saw examples of staff asking people what they would like. Staff said, "We always ask and explain to them what we are about to do and what they would like to do. They all have the right to choose even if they do not have capacity. They can choose food, what to wear, where to sit, what music to listen to." Relatives told us, "I'm quite happy that everything is in my [relative's] interests. They are well looked after and listened to" and "They ask a choice about everything, food, the hairdresser, the priest, the newspaper and going to the park."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and with dignity.
- People told us staff knocked on their doors before entering their room and one person said, "It feels like home". A relative said, "Staff are respectful. They always treat the individual as an individual. They go down to the person's level to talk to people and give them their full attention so the resident knows staff are listening to them."
- Staff were observant of people's needs and responded straight away. We saw one person had food on their lips and staff removed it as soon as they saw it. Another person in need of a tissue was noticed straight away and responded to.
- The staff promoted people's independence. For example, one person who could not walk when they arrived at the home, through encouragement from staff can now walk with support.
- Where appropriate care plans recorded people should be assisted with eating and where possible the use different aides employed, for example, a plate guard or spoon so people could continue to eat as independently as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans recorded people's needs and preferences and were updated regularly or when people's needs changed.
- People and their relatives were involved in planning their care. Relatives told us, "We come in quite regularly and anything that needs to be updated, for example, medicines it is" and "Every three months they go through [person's] care plan."
- Care plans included day and night routines, so staff knew when people liked to get up, go to bed, get washed and mealtime preferences.
- People had individual care plans which recorded their needs and provided staff with guidelines regarding support for people. For example, mobility needs and oral healthcare.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- One person who had a hearing impairment and did not want to wear a hearing aid had a communication book that they and the staff used to communicate.
- Another person had poor hearing and sight, so staff spoke slowly and used visual gestures when talking with them.
- The provider said if at any time someone required a different language or a specific means of communication such as braille, they would accommodate the person's preferences. However, at present all people using the service communicated in English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities.
- Relatives told us they were made to feel welcome. One relative said, "I pop in at different times and there

are always carers on the spot here. I like that I can come to the home 24 hours a day."

- The provider employed an activity co-ordinator to involve people in activities. Relatives comments included, "The Meadows has been improving. [Person] has been here for seven or eight years. They used to sit in front of the TV and now the activity lady has brought a whole new atmosphere. She has changed everything" and "There is lots going on during the day they always encourage [person] to participate. They take [person] out for a walk in their wheelchair. They do balloon bashing, dancing and seem to have an extensive programme."

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they wanted to raise a concern. The provider had not had any complaints since the last inspection but had processes and procedures in place to address complaints. The complaints process was posted on the inside of each person's bedroom door so anyone could access it.
- Comments included, "The service is managed very well. Everyone is approachable. My [relative] can talk to the managers. I know how to complain but have never had to", "There has never been a problem. We turn up at different times and they don't put a show on for us. I cannot find fault. I would approach the manager if I had a complaint" and "They have given me information on how to complain but I have no complaints."

End of life care and support

- At the time of the inspection, no one was being supported with end of life care.
- The care plans we viewed had DNACPRs (Do not attempt Resuscitation Authorisations) and information about people's cultural and other needs. This meant people's wishes and particular preferences for care at the end of their lives were known in the event they required this support.
- One family member wrote, 'All the staff took great care of [person] and made their final years comfortable which made them very content. I wish to thank them all for the happiness they gave [person], even at their end of life care.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not maintain systems to effectively monitor and improve service delivery. The provider's audits had not identified that robust risk management plans were not in place to manage risks people faced. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Despite the provider having made some improvements at the service, there were still a few areas where further improvements were required. During our inspection, we identified shortfalls that the provider's audits had not. This included that not all risks to people were identified or comprehensive risk management plans developed to manage the risks, for example personal emergency evacuation plans. We also saw instances when the environment was not safe, including a ground floor emergency exit not having a clear pathway.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager undertook a number of checks and audits that included the environment, health and safety, medicines, incident and accidents and completed action plans and/or lessons learned.
- Since the last inspection the provider told us they had made a number of improvements to the home based on the last report. As a family business the provider was involved in four care homes and the managers in these homes were now meeting regularly to share good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were satisfied with the care provided.
- The registered manager promoted an open culture and was available to people using the service and staff.

People told us, "I talk to the manager but I'm happy here" and "[The registered manager] is nice. All the girls are very nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies and procedures in place and responded openly to incidents, safeguarding alerts, complaints or when something went wrong.
- People and their relatives knew who the registered manager was and felt there was good communication. Relatives said, "The contact is good in terms of communication. The home is well managed. [The registered manager] is good. She is organised and knows all that goes on" and "The managers ring and provide updates and meeting dates. [The registered manager] is great. Any problems she's there. I have her mobile number."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their roles and had a clear management structure.
- The registered manager had a health and social care qualification and one of the provider's representatives was a registered nurse. The registered manager kept up to date with good practice through newsletters from the local authority, CQC and Skills for Care. They also attended the local authority's provider forum.
- Staff told us they were confident raising concerns with the registered manager and that there was good communication within the staff team through handovers and meetings for any issues arising. Comments from staff included, "The managers are supportive. If I see something about a resident they will listen and help" and "The managers are really good, including the owners. They listen and will help with any problem we have."
- The registered manager notified us of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged in how the service was run.
- People attended regular meetings about the care the home provided and contributed their views on the care they received.
- Team meetings were held to share information and give staff the opportunity to raise any issues. One staff member said, "We share our problems and concerns at the meetings."
- The provider undertook annual surveys. Positive feedback indicated people were generally satisfied with the care they received at the home.

Working in partnership with others

- We saw evidence the provider worked with other professionals including, the community nurse, dietician, the GP and dentist.
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The registered person had not always assessed the risks to the safety of service users so these could be appropriately mitigated.
	Regulation 12 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The registered person did not have effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
	Regulation 17 (1) (2) (a)